

Declaration for Nomination and

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FILING E ONLY	Document #	A
FOR FI	Fee paid: cash check_	credit
H	By: JUN 16 2021	The second secon
	Deputy or Filing Officer	

Oath of Candidacy	Fee paid: cash check cred	dit
Cath of Candidacy	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR		
Filling for office of: VEICH SUBS COUNCIL #5 Full name of office including district and/or department numbers if applied	DEMOCRAT OR Nonpar	rtisan
Candidate Name (printed exactly as it should appear on the ballot):	PRY L. ALBRELITT	
Mailing Address	City and State Zip Code	
3309 15 nt Ave So	GREAT FALLS, MT STUBY	
Residence Address	City and State Zip Code	
3309 15M AUF SO	11 (1 11 59405	
County of Residence Contact Phone Email Addr	ress Website Address	
CASCADE 761-0533 TERRY	RERESTS4 AGMAL SAMES	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FO	OLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the ballot)	:	
Mailing Address:	Residence Address:	\exists
Phone: Email Address:	Website Address:	Ħ
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE OF THE		
(a) I hereby affirm that I am either a resident of the county in which I am a legislative district if it contains all or parts of more than one county, Of		
(b) I hereby affirm that I will meet the residency qualification(s) in (a)abov	ve for 6 months preceding the general election and will notify the office	
of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.	
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLI		
I hereby affirm that I possess, or will possess within constitutional and statuthe United States and the State of Montana.		is of
Fry Collerant	6/16/21	
Signature of Candidate	Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of	1 /1/2	1
Signed and sworn to before me this day of	20 51 by / SPEYC. / HDCECTY.	_
Where to file Federal, Statewide,	Printed Name of Candidate	
State District and Legislative offices:	1////////	
Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official	78
State Capitol Building, 1301 E. 6 th Ave		
2nd Floor, Room 260 Helena, MT 59620	T. MARCH ARY PUBLIC for the Printed Name of Notary Public	-
Online: sosmt.gov/elections/filing/	ding at Great Falls Notary Public for the State of	
My Co	Montana Ommission Expires Reciding at:	_
Where to file County, City and most Local District offices:	May 23, 2022	_
County Election Office	My commission expires:, 20	_
A list of county election offices may be found at: sosmt.gov/elections	AVIP]	

T. BARRON
TO YART PUBLISH AS 154
Store of Mornana
Roalding at Great Falls
Manterna
Sey Commission Expension
May 25, 2022





Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY	Filed thisday of	20
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	Fee Paid: acash check	Credi
	Ву:	
	Denuty or Elling Officer	

DECLARATION AND DATH OF CANDIDACY TO SE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE Filing for Office of Per an amen of Political Purty Nonpartisan	Oath of Cand	didacy 4	021 & B	Fee Paid: acash chec	k Credit
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Filing for Office of: Full name of folitical Party Nonpartisan	DECLARATION AND DATH OF CANDIDACY TO S	E EILED WITH SECRETARY OF STATE OR	COLINTY ELECTION ADA	MINISTRATOR AS ARRIVADIS	
office of self-ame office including district and/or department numbers if applicable Candidate Name (printed exactly as it should appear on the ballot): Mailing Address: PO BOX 5064 Street or Do Box Cry Residence Address: SaleR 12 Ave S Cry Street County of Residence: County of Residence: March Address: Median Addre	Filing for	0 1	- COOKIT LEECTION ADI	MINISTRATIONAS AFFEICABLE	
Candidate Name (printed exactly as it should appear on the ballot): MAYOA Anderso. Alling Address: PO BOX 6064 Cty 2p Street or PO Box Residence Address: 3208 2th Ave S Creat Falls 59405 Street County of Residence: Lascade Home/Mobile Phone: 4406 750 3305 Work Phone: Email Address: WEFANGER GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: Website Address: FTHIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST SELECT ONE OF THE FOLLOWING INFORMATION Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEBISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: [a) I hereby offirm that I wan either a resident of the county in which I am a candidate, if it contains one or more legislative district, or of the legislative district if it contains all or parts of more than one county, OR [b) I hereby offirm that I will innee the residency qualification(s) in (plaboue for 6 months preceding the general election and will notify the affice of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE.—FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the memount of S is bereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATY - CANDIDATY BUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED. I hereby offirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montaga. CONTARY PUBLIC OR AUTHORIZED OFFICER State of Montaga County of ABO-444-2023 Where to file for Federal, Statewide. Signature of Candidate Notary Public for the State of Montaga. Notary Public for the State of Montaga. Notary Public for the S	office of: Weigh borhood				Nonpartisan
Mailing Address: PO BOX 10064 Street or PO BOX Street COUNTY of Residence: LASCACE HOME/Mobile Phone: 406-750-3305 Work Phone: Email Address: MK Fand PP C GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative district, or of the legislative district, if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE. PEE MUST SE PAID BEFORE FILING IS VALID Candidate Filing Fee, If applicable, in the amount of S is hereby submitted with this Declaration and Oath of Candidate. ADATH OF CANDIDATE MUST SEAN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS PILED. I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and lows of the United Stores and the State of Montana. Signature of Candidate Where to file for Federal, Statewide, Store District and Legislative differs: Notary Public Official Printed Name of Notary Public Official Notary Public for the State of Montany or Public Official Printed	Full name of office including district	and/or department numbers if applica	able Name	of Political Party	
Residence Address: 3208 2th Ave S	Candidate Name (printed exactly as it sho	ould appear on the ballot):	Jarria Ar	nderson	
Residence Address: 3208 2th Ave S	Mailing Address PC) ROX 1	064	C	impat Falls	59406
Residence Address: 3208 2th Ave S	Street or PO Box		City	Treate Tolling	Zip
Street County of Residence: LASCACC Home/Mobile Phone: 105-750-3305 Work Phone: Email Address: MK FARDER GMAILLON Website Address: IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION Lieutenant Governor Name (printed exactly as it should appear on the balloot): Mailing Address: Email Address: Email Address: Website Address: Website Address: Website Address: Website Address: FITHIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: [a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains oil or parts of more than one county, OR [b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE.—FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the amount of S Candidate Filing Fee, if applicable, in the amount of S is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY. CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED. Thereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana Signature of Candidate Date Where to file for Federal, Statewide, Signature of Notary or Public Official Where to file for County, City and most local District offices: County belection Office SEAL Form and Express Signature of Notary or Public Official Signature of Candidate Notary Public Official Signature of Notary or Public Official Signature of October, City and most local District offices: County belection Office Alto of county, City and most local District offices: County Election Offic					
Email Address:	Street	- True	City	great 1915	7in
Email Address:	Country of Basidance: Pascade	Uama/Mah	ila Dhana, HM	7571-3305 Wad Bland	2.10
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Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Email Address: Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: [a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative district, or of the legislative district if it contains all or parts of more than one county, OR [b) I hereby affirm that I will meet the residency audilification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the amount of S Is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I passess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Where to file for Federal, Statewide, State District and Legislative offices: Montana Secretary of State State Captol, 2 th Floor, Room 260 PO Box 202801 Online Sos mt ROV. By Fax: 406-444-2023 Where to file for County, City and most Local District offices: County Election Office Allst of County, City and most Local District offices: County Election Office Allst of County, election offices may	IF THIS DECLARATION IS FOR THE OFFICE OF GO	OVERNOR, YOU MUST COMPLETE THE F	FOLLOWING INFORMATION	ON:	
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The United States and the State of Montana.					
Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Signed and sworn to before me this day of Where to file for Federal, Statewide, State District and Legislative offices: Montana Secretary of State State Capitol, 2 nd Floor, Room 260 PO Box 202801 Helena, MT 59620-2801 Online sos mt gov By Fax: 406-444-2023 Where to file for County, City and most Local District offices: County Election Office A list of county election offices may Ny commission expires: 20 Date Notary Public Official Notary Public for the State of Notary Public for the State of Notary Public for the State of My commission expires: 20 My commission	the United States and the State of Monta	na.			
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	be found at sos.mt.gov/elections			, unp i	



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	Danish on Filing Officer	

Oath of Candidacy JUN 15	Document #	credit
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE O	R COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filling for office of: Full name of office including district and/or department numbers if app	plicable Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	PAT BOCTON	
Mailing Address	City and State	Zip Code
3241 18T4 AU- SA	Great Fall+ MT	59405
Residence Address	City and State	Zip Code
SAME	SAMO	39405
County of Residence Contact Phone Email Ad	ddress Website Address	
CARLAGE 868-6589 pb	oltz 80 gnailecon	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the ballo	ot):	
Mailing Address: 3241 18 Tudia So	Residence Address: SAME	
Phone: 406.862-6559 Email Address: 50688	& Comail-com Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE	HE FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which I am legislative district if it contains all or parts of more than one county,		ts, or of the
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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLISHED A STATE OF A NOTARY PUBLISHED A STATE OF MONTANA. Signature of Candidate		
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of	20 21 by Put Botton	
Online: sosmt.gov/elections/filing/	Printed Name of Cardidate Signature of Notary or Public Official Printed Name of Notary F NOTARY PUBLIC for the State of Montana iding at Great Falls, Montana My Commission Expires September 3, 2021 My commission expires	min

A list of county election offices may be found at: sosmt.gov/elections

[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

Document #
The paid. Cast Check

Full name of efficie including district and/or department numbers if applicable Name of Political Party Candidate Name (printed exactly as it should appear on the ballot): City and State	4			Deputy or Filing Officer	
Office of:	DECLARATION AND OATH OF CANDIDACY TO BE FILED	WITH SECRETARY OF STATE OR CO	UNTY ELECTION ADMINIS	STRATOR AS APPLICABLE	
Mailing Address City and State Zip Code Same County of Residence Residence Address: Residence Address: Website Address: Residence Address: Website Address: If THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I will meet the residency qualification(s) in (a) pabove for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or If I do not qualify. FILING EEE. FEE MUST BE PAID EFORE FILING IS VALUE: Candidate Filing Fee, if applicable, in the amount of S is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY. CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: Thereby affirm that I passess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montaga Signature of State Montana Secretary of State P.O. Box 202201 State Capitol Building, 1301 E. 6 th Ave 21 State Capitol Building, 1301 E. 6 th Ave 22 State Office The Office Montana Secretary of State Montaga P.O. Box 202201 State Capitol Building, 1301 E. 6 th Ave 23 State Office Montaga P.O. Box 202201 State Capitol Building, 1301	office of: 1 examposhood	/or department numbers if applicate	ole Name of F	Political Party	OR Nonpartisan
Residence Address City and State City and State City and State Country of Residence	Candidate Name (printed exactly as it should ap	pear on the ballot):	Pric E.	KAY	
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County of Residence Contact Phone CAGE AD GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION: Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OFFICE WHERE THIS FORM IS FILED: IF THIS DECLARATION IS FOR THE OF	Residence Address	(City and State	/	Zip Code
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2nd Floor Room 260	State District and Legislative offices: Montana Secretary of State P.O. Box 202801	V	Oten	ue total a	
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Online: sosmt.gov/elections/filing/ Notary Public for the State of Montana Notary Public for the State of Montana	Online: sosmt.gov/elections/filing/	State	of Montana		
Fax: 406-444-2023 Where to file County, City and most Where to file County, City and most Residing at Great Falls, Montana My Commission Expires September 3, 2021 Residing at: Residing at:		My Com	mission Expires	Residing at: Great	talk member
Local District offices:	Local District offices:	Lander	7, 200		50.4.3 200 1
County Election Office A list of county election offices may be found at: sosmt.gov/elections My commission expires:	A list of county election offices may be	[SEAL/STAN	1P]	iviy commission expires.	, 20